



**North Carolina Department of Public Safety
Samarcand Training Academy**

3600 Samarcand Road, Jackson Springs, NC 27281

Phone: (910) 466-4165

Request for Use of Samarcand Training Academy – Firearms Training Center

630 Roberts Road, Eagle Springs, North Carolina 27242

The following request form is designed to ensure your agency may be afforded the opportunity of using the Samarcand Training Academy – Firearm Training Center for your training event. We will make every effort to honor your requested date(s), but we reserve the right to reschedule if necessary. Participants reserving a classroom are responsible for the general care of the room during usage and any equipment located inside the classroom.

Please e-mail the completed request to Richard Jordan, Academy Director, at the following e-mail address: richard.jordan@ncdps.gov

1. NAME: _____

2. TELEPHONE NUMBER: _____

3. AGENCY NAME/DIVISION NAME: _____

4. DATE REQUESTED FOR USE: _____ TIME REQUESTED FOR USE: _____

5. ALTERNATE DATE: _____

6. TYPE OF TRAINING: _____

7. NUMBER OF PARTICIPANTS IN TRAINING CLASS: _____ (MAXIMUM – 24 STUDENTS)

8. NO. OF INSTRUCTORS: _____

9. FIREARMS TRAINING CENTER CLASSROOM REQUESTED: ☐ YES ☐ NO

10. FTC RANGES: ☐ RANGE #1 (12 LANES) ☐ RANGE #2 (24 LANES)

11. FIREARMS SIMULATOR REQUESTED: ☐ VIRTRA 300 (Main Campus) ☐ VIRTRA V-ST PRO (Range House)

☐ I will make sure the board is cleaned and the room is neat before I leave the training room.

☐ I will make sure all equipment is in place and nothing has been removed from the training room.

☐ I have attached a copy of the training schedule.

☐ I have attached a copy of the Samarcand Force-on-Force Safety Forms (if applicable).

☐ I have attached the Firearm Instructor Certification(s) for ALL range personnel – instructors and safety officers (if applicable).

Training Coordinator (Print Name)

Date

Signature